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FACSIMILE COVER SHEET

TO: Examiner S. Ebrahimi-Dehkordy
Group Art Unit 2626

FROM: Michael K. O'Neill

RE: U.S. Application No. 09/447,718
Atty. Docket No.: 03560.002007.1

FAX NO.: (703) 872-9306

DATE: February 11, 2005

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MESSAGE

Attached is an Amendment in response to the Office Action dated November 17, 2004.

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February 11, 2005
(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

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In re Application of:

Docket No. 03560.002007.1

HIDETO KOHTANI, et al.

Application No.: 09/447,718

Examiner: S. Ebrahimi Dehkordy

Filed: November 23, 1999

Group Art Unit: 2626

For: IMAGE PROCESSING APPARATUS, READER
 CONTROLLER, AND METHOD FOR
 CONTROLLING THE READER CONTROLLER

Date: February 11, 2005

THE COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 36	MINUS	** 42	= 0	x \$25 \$50	- 0 -
INDEP. CLAIMS	* 15	MINUS	*** 18	= 0	x \$100 \$200	- 0 -
Fee for Multiple Dependent claims \$180*/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

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Michael K. O'Neill, Reg. No. 32,622
 (Name of Attorney for Applicant)

Signature

February 11, 2005
 Date of Signature

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- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622

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New York, New York 10112-3800
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Form #120

CA_MAIN 92060v1

FEB 11 2005

03560.002007.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: S. Ebrahimi Dehkordy
HIDEITO KOHTANI, et al.)	
	:	Group Art Unit: 2626
Application No.: 09/447,718)	
	:	
Filed: November 23, 1999)	
	:	
For: IMAGE PROCESSING)	
APPARATUS, READER	:	
CONTROLLER, AND METHOD)	
FOR CONTROLLING THE	:	February 11, 2005
READER CONTROLLER)	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated November 17, 2004, please amend
the above-identified application, as follows:

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February 11, 2005
(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

Signature

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